

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 137County Registrar No. 876

Local Registrar No. \_\_\_\_\_

No. 3200 Turkey Shoals Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Jose Guardado { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male { To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Oct. 5, 1926  
Month Day Year8. FATHER  
Full name Atanacio Guardado9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona10. Color or race Mex. 11. Age at last birthday 32 (Years)12. Birthplace (city or place) Zacatecas,  
(State or country) Mex.13. Occupation  
Nature of Industry Miner14. MOTHER  
Full maiden name Ramona Munoz15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona16. Color or race Mex. 17. Age at last birthday 27 (Years)18. Birthplace (city or place) Zacatecas,  
(State or country) Mex.19. Occupation  
Nature of Industry Housewife20. Number of children of this mother { (a) Born alive and now living 3  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 3  
(c) Stillborn \_\_\_\_\_ } 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 3 P. m. on the date above stated  
(Born alive or stillborn.)\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Cyril M. Brown, M.D. (Physician or midwife).  
Address Miami, ArizonaGiven name added from a supplemental report. Filed Nov 6 1926 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

176-1005-949